

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

John P. Miller, et al.

Serial No.: Not Yet Assigned

Filed: Concurrently Herewith

Confirmation No.: Not Yet Assigned

Title:

METHOD AND APPARATUS FOR CONTINUOUS HIGH SPEED
DIGITAL METERING USING MULTIPLE PRINT HEADS

) Date: September 30, 2003

) Attorney Docket No.: F-746

) Customer No.: 00919

) Group Art Unit: Not Yet Assigned

) Examiner: Not Yet Assigned



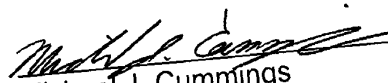
CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop New Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the provisions of 37 CFR 1.10, I hereby certify that the attached Specification (24 pages), Drawings (2 pages), Transmittal Letter, Return Receipt Postcard, Assignment and Recordation of Assignment, Declaration and Power of Attorney, was deposited with the U.S. Postal Service for delivery by Express Mail on September 30, 2003. The number of the Express Mail mailing label is EU803551035US.

Respectfully submitted,


Michael J. Cummings
Reg. No. 46,650
Attorney of Record
Telephone (203) 924-3934

PITNEY BOWES INC.
Intellectual Property and
Technology Law Department
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000

Docket Number F-746
Customer Number 00919
Pitney Bowes Inc.
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000
September 30, 2003

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Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor: John P. Miller, et al.

For: METHOD AND APPARATUS FOR CONTINUOUS HIGH SPEED DIGITAL
METERING USING MULTIPLE PRINT HEADS

Enclosed are:

24 pages comprising the specification, claims, and abstract.

2 sheets of drawings.

A Declaration and Power of Attorney.

A Recordation of Assignment Request and an Assignment of the invention to Pitney
Bowes Incorporated, 1 Elmcroft Road, Stamford, Connecticut 06926-0700.

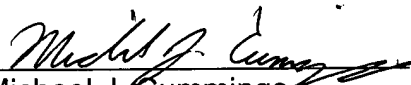
Fees calculated as follows:

Basic Fee							\$ 750.00
Claims Fee	Number Filed		Number Extra		Rate		
Total Claims	20	- 20 =	0	X	\$18.00	=	\$ 0.00
Independent Claims	2	- 3 =	0	X	\$84.00	=	\$ 0.00
Multiple Dependent Claims					\$280.00	=	\$
Total Filing Fee							\$ 750.00

Please charge our Deposit Account Number **16-1885** in the amount of \$ 750.00 for the filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account Number **16-1885**.

A copy of this Transmittal Letter is enclosed for use in charging the Deposit Account.


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